Bureau of Health Care Quality and Compliance

AND DUAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/O			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
				A. BUILDING B. WING		R-C				
NVS3531AGC						12/01/2010				
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE					
GOOD SAM CARE HOME, INC				3226 KEMP STREET N LAS VEGAS, NV 89032						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE			
Y 000	Initial Comments			Y 000						
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a State Licensure survey for an Alzheimer's endorsement conducted in your									
Y 103	facility on 12/1/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is currently licensed for a total of six Residential Facility for Group beds for elderly and disabled persons: Category 2 beds. The facility is requesting licensure for six Residential Facility for Group beds for persons with Alzheimer's disease, Category 2 residents. The following deficiencies were identified:		six y and illity is ity for	Y 103						
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 12/1/10, the facility		ach lude:	Y 103						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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NVS3531AGC				B. WING		12/01/2010			
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Y 103	Continued From page	= 1		Y 103					
	failed to ensure 1 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #5 - failed to have evidence of a pre-employment physical or two step TB test.). This was a repeat deficiency from the 5/27/10 State Licensure survey. Severity: 2 Scope: 1		t.).						
Y 105 SS=D	05 A49.200(1)(f) Personnel File - Background Ch NAC 449.200 1. Except as otherwise provided in subsection a separate personnel file must be kept for each member of the staff of a facility and must inclu (f) Evidence of compliance with NRS 449.176 449.185, inclusive.		heck	Y 105					
			ach lude:						
	This Regulation is not met as evidenced by: Based on record review on 12/1/10, the facility failed to ensure 1 of 5 employees met background check requirements of NRS 449, to 449.188 (Employee #5 - failed to have evidence of a signed criminal history stateme fingerprints or a state or FBI background che		ity 0.176 ent,						
	Severity: 2 Scope: 1								
Y 106 SS=F	6 449.200(2)(a) Personnel File - 1st aid & CPR		₹	Y 106					
	NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the								

) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NVS3531AGC			A. BUILDING B. WING		R-C 12/01/2010			
NAME OF PROVIDER OR SUPPLIER			STREET ADDR	I RESS, CITY, STA	TE, ZIP CODE	12/01	72010	
GOOD SAM CARE HOME, INC			3226 KEMP					
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Y 106	Continued From page	2		Y 106				
	information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and record review on 12/1/10, the facility failed to ensure the only caregiver on duty (Employee #5) had completed training in cardiopulmonary resuscitation (CPR), affecting all 2 residents. Severity: 2 Scope: 3		1,					
			/1/10, r on n					
Y 878 SS=E	NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed the physician. If a physician orders a change the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 12/1 the facility failed to ensure that 1 of 2 residents.		r	Y 878				
			e in					
			/1/10,					

		(X1) PROVIDER/SUPPLIER/O	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NVS3531AGC			CTDEET ADDI	DECC CITY OTA	TE 710 000E	12/01/2	2010
NAME OF PR	ROVIDER OR SUPPLIER			RESS, CITY, STA	ATE, ZIP CODE		
GOOD SA	M CARE HOME, INC		3226 KEMP N LAS VEG	AS, NV 89032	2		
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Y 878	Continued From page	3		Y 878			
	received medications - Floranex).	as prescribed (Resider	nt #2				
	Severity: 2 Scope: 2	2					
Y 883 SS=F	449.2742(7) Medication	on / Resident Refusal		Y 883			
	NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.						
	This Regulation is not met as evidenced by: Based on interview and record review on 12/ the facility failed to ensure the physician was notified for missed medications for 2 of 2 residents (Resident #1 - Ketoconazole 2% cre and #2 -Polyeth Glyco Powder 527 grams and Docusate Sodium 100 milligrams). Severity: 2 Scope: 3		/1/10, ream				
Y 994 SS=F	4 449.2756(1)(e) Alzheimer's facility - Dangerous items		ous	Y 994			
	NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the						

I B. WING	-C 01/2010 (X5) COMPLETE
NVS3531AGC NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3226 KEMP STREET	01/2010 (X5)
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GOOD SAM CARE HOME INC. 3226 KEMP STREET	
GOOD SAM CARE HOME, INC N LAS VEGAS, NV 89032	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	COMPLETE
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DEFICIENCY)	
Y 994 Continued From page 4 Y 994	
residents.	
residents.	
This Regulation is not met as evidenced by:	
Based on observation on 12/1/10, the facility	
failed to ensure dangerous items were not	
accessible to 2 of 2 residents (knives were	
located unsecured in the kitchen).	
Severity: 2 Scope: 3	
Y 999 449.2754(1)(g) Alzheimer's Facility-Toxic Y 999	
SS=F substances	
NAC 449.2756	
1. The administrator of a residential facility which	
provides care to persons with Alzheimer's disease shall ensure that:	
(g) All toxic substances are not accessible to the	
residents of the facility.	
This Regulation is not met as evidenced by:	
Based on observation on 12/1/10, the facility failed to ensure toxic substances were	
inaccessible to 2 of 2 residents (chemicals were	
observed unlocked under the kitchen sink, in the	
laundry room and in the garage).	
Severity: 2 Scope: 3	
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Y1035 449.2768(1)(a)(1) Dementia Training Y1035	
SS=E	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMB	LIX.	A. BUILDING			R-C	
NVS3531AGC			B. WING		12/01/2010			
NAME OF PR	OVIDER OR SUPPLIER	•	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•		
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Y1035	Continued From page 5 449.2768 1. Except as otherwise provided in subsection the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who had direct contact with and provides care to reside with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (1) Within the first 40 hours that succemployee works at the facility after he is initial employed at the facility, at least 2 hours of training in providing care, including emergen care, to a resident with any form of demential including, without limitation, Alzheimer's diseand providing support for the members of the resident's family. This Regulation is not met as evidenced by: Based on interview and record review on 12/2 the facility failed to ensure 3 of 6 caregivers (Employee #2, #3 and #4) received 2 hours of training in providing care to residents with Alzheimer's disease within the first 40 hours work.		ch as dents t ch an ally acy a, ease, ee	Y1035				
	Severity: 2 Scope: 2							